

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____
00360R000500050135-3

U. S. **COST REIMBURSABLE**

(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

(Address) (City) (State)

PAID BY	
ENCL #11	
\$	17102
CO	1 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				3,685.43'	
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____				Total		3,685.43'	
I certify that the above bill is correct and just and that payment has not been received. FOIAb3b (Sign original only)				(Payee must NOT use this space) Differences _____ _____			
Date 6-25-57 *Payee _____ (This certificate not required when a like certificate is made by payee on attached bill or bills)				Amount verified; correct for (Signature or initials) <i>[Signature]</i>		3,685.43	
Per _____ Title _____							
Contract No. A101	Date _____	Req. No. _____	Date _____	Invoice Rec'd. _____			

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____, Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or other institution, the name of the person writing the company or other institution shall be written in the space provided for signature. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

METHOD OF OR ABSENCE OF ADVERTISING

METHOD OF ADVERTISING

1. Advertising in newspapers Yes ☐ No ☐.
2. (a) Advertising by circular letters sent to _____ dealers.
(b) And by notices posted in public places Yes ☐ No ☐.

(If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)

ABSENCE OF ADVERTISING

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4. Without advertising in accordance with _____
5. Without advertising, it being impracticable to secure competition because of _____

(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)

NOTE.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or less formal agreement) Standard Form No. 1036—Revised should be used for abstracting the method of or absence of advertising and award of contract. (See General Regulations No. 51, as amended.)

Services Other Than Personal

COST REIMBURSABLE

Sheet No. 1 of Bureau Voucher No. 886

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Approved For Release 2000/04/11 : CIA-RDP64-00360R000500050135-3

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Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. **COST REIMBURSABLE**

(Department, bureau, or establishment)

Sheet No. 2 of Bureau Voucher No. 886

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
TICKET OR INVOICE CR MEMO	CHECK NO	PAYEE OR VENDOR NO					
10078	8091	779				403.	92
53		352				5.	88
53		352				4.	00
						\$	<u>413.80</u>